APPENDIX A-3:
Data Abstraction Tool: Care Coordination Measures (CCM-1, CCM-2, CCM-3)

INSTRUCTIONS: Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Updated text throughout this tool is marked by the use of the *Emphasis* font style. The capital letters in parenthesis represents the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) _____

2. Provider ID (PROVIDER-ID)_____ (AlphaNumeric)

3. First Name (FIRST-NAME)
    _____

4. Last Name (LAST-NAME)
    _____

5. Birthdate (BIRTHDATE) ___ ___ -___ ___ - ___ ___ ___ ___

6. Sex (SEX)
    ☐ Female
    ☐ Male
    ☐ Unknown

7. Race Code (MHRACE) Select One Option
    ☐ R1 American Indian or Alaska Native
    ☐ R2 Asian
    ☐ R3 Black/African American
    ☐ R4 Native Hawaiian or other Pacific Islander
    ☐ R5 White
    ☐ R9 Other Race
    ☐ UNKNOW Unknown/not specified

8. Hispanic Indicator (ETHNIC)
    ☐ Yes
    ☐ No

9. Patient ID i.e. Medical Record Number (PATIENT-ID) __ __ __ __ __ __ __ __ __ __
    (Alpha/Numeric)

10. Admission Date (ADMIT-DATE) ___ ___-___ ___-___ ___ ___ ___

11. Discharge Date (DISCHARGE-DATE) ___ ___-___ ___-___ ___ ___ ___

12. What was the patient's discharge disposition on the day of discharge? (DISCHGDISP)

(Select One Option)

- ☐ 01 = Home
- ☐ 02 = Hospice- Home
- ☐ 03 = Hospice- Health Care Facility
- ☐ 04 = Acute Care Facility
- ☐ 05 = Other Health Care Facility
- ☐ 06 = Expired   (Review Ends)
- ☐ 07 = Left Against Medical Advice / AMA (Review Ends)
- ☐ 08 = Not Documented or Unable to Determine (UTD)

13. What is the patient's primary source of Medicaid payment for care provided? (PMTSRCE)need updates from Iris

- ☐ 103   MassHealth FFS Network, MassHealth Limited Plans
- ☐ *103*   Primary Care Clinician Management (PCCM) Plan
- ☐ 118   Medicaid Managed Care: Massachusetts Behavioral Health Partnership
- ☐ *147*   Medicaid Managed Care: Other (not listed elsewhere)
- ☐ *288*   Medicaid Managed Care: Boston Medical Center HealthNet Plan
- ☐ *7*   Medicaid Managed Care: Tufts Health Together Plan
- ☐ 311   Medicaid Other ACO
- ☐ *4*   Fallon 365 Care
- ☐ *24*   Be Healthy Partnership with Health New England
- ☐ *4*   Berkshire Fallon Health Collaborative
- ☐ *288*   *Well Sense Community Alliance* (former BMC Health Net Community Alliance)
- ☐ *288*   *Well Sense Mercy Alliance* (former BMC Health Net Mercy Alliance)
- ☐ *288*   *Well Sense Signature Alliance* (former BMC Health Net Signature Alliance
- ☐ *288*   *Well Sense Southcoast Alliance* (former BMC Health Net Southcoast Alliance)
- ☐ 320   Community Care Cooperative
- ☐ 322   *MGB Healthcare Choice* (former Partners Healthcare Choice)
- ☐ 323   Steward Health Choice
- ☐ *910*   My Care Family –*MGB Health Plan (former Allways Health Partners)*
- ☐ *7*   Tufts Health Together with Atrius Health
- ☐ *7*   Tufts Health Together with BIDCO
- ☐ 7   Tufts Health Together with Boston Children's
- ☐ *7*   Tufts Health Together with Cambridge Health Alliance
- ☐ 328   *Tufts Medicine Care Plan* (*former Tufts Wellforce Care Plan*)

14. What is the patient's MassHealth Member ID? (MHRIDNO) All alpha characters must be upper case.

   _____

15. Did the patient/ caregiver(s) or the next site of care for a transfer receive a Reconciled Medication List at the time of discharge? (RECONMEDLIST)

   ☐ Yes
   ☐ No

16. Did the patient/ caregiver(s) (or the next site of care for a transfer) receive a Transition Record at the time of discharge? (Note: Only abstract from documents given to the patient. If the patient is a transfer, abstract from documentation provided to the next site of care) (TRREC)

   ☐ Yes
   ☐ No (Skip to Question #28)

17. Does the Transition Record include the Reason for Inpatient Admission? (Note: Must be documented separately from the discharge diagnosis) (INPTADMREAS)

   ☐ Yes
   ☐ No

18. Does the Transition Record include the Medical Procedure(s) and Test(s) and a Summary of Results or documentation of no procedures and tests? (PROCTEST)

   ☐ Yes
   ☐ No

19. Does the Transition Record include the Discharge Diagnosis? (Note: Must be documented separately from the Reason for Inpatient Admission) (PRINDXDC)

   ☐ Yes
   ☐ No

20. Does the Transition Record include a Current Medication List or documentation of no medications? (MEDLIST)

   ☐ Yes
   ☐ No

21. Does the Transition Record include documentation of Studies Pending at Discharge or that no studies were pending? (STUDPENDDC)

   ☐ Yes
   ☐ No

22. Does the Transition Record include Patient Instructions? (PATINSTR)

      □ Yes
      □ No

23. Does the Transition Record include documentation of an Advance Care Plan? (ADVCAREPLN)
(Note: Patients < 18 years of age are excluded from Advance Care Plan)

      □ Yes
      □ No

24. Does the Transition Record include 24 hr/ 7 day Contact Information for questions, concerns, or emergencies related to the inpatient stay*?* (CONTINFOHRDY)

      □ Yes
      □ No

25. Does the Transition Record include Contact Information for obtaining results of Studies Pending at Discharge or documentation that no studies were pending? (Note- If documentation of "no studies pending", select Yes) (CONTINFOSTPEND)

      □ Yes
      □ No

26. Does the Transition Record include a Plan for Follow-up Care related to the inpatient stay OR documentation by a physician of no follow-up care required OR patient is a transfer to another inpatient site of care? (PLANFUP)

      □ Yes
      □ No

27. Does the Transition Record include the name of the Primary Physician or other Health Care Professional or site designated for follow-up care? (PPFUP)

      □ Yes
      □ No

28. *Is there documentation in the medical record of patient refusal of transmission to the next site of care, physician, or other health care professional designated for follow-up care? (PATROT)*

      □ *Yes*
      □ *No*

29. What was the date documented in the medical record that the Transition Record was transmitted to the next provider or site of care? (Note: For patients transferred to another site of care, document the date of discharge) (TRDATE)

      ___ ___-___ ___-___ ___ ___ ___   (MM-DD-YY or UTD)